

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000009650

1. Entity Name
BOYNTON TOWN CENTER MASTER ASSOCIATION, INC.



FILED

08 APR 30 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 US

Mailing Address
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3649471

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FILIPPELLI, JOSEPH A
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DPT
FILIPPELLI, JOSEPH A
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DVS
SHER, CRAIG H
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DVS
SEMBLER, GREGORY S.
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH A. FILIPPELLI

4-29-08

727-384-6000